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3. NAME OF DECEASED (Type or print)	Lillian	May Bo	evins	4. DATE OF DEATH	Moni July		Day	Year 1958
s. sex Female	F 10 F 1	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec. 13.	1896	AGE (In years last birthday)		YEAR IF UN Days Hour	DER 24 HR
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3. FATHER'S NAME			14. MOTHER'S MAIDEN				2 4 4 8	41 9
Will	iam Henry Si	nith	Irene	Fields				
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Foster Smith		Address terton,			
	mmediote (r line for (a), (b), and (c).] Cute Caro Monic val	liae ins	uffice	licione	4	ONSET AN	BETWEEN D DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or exending physician.

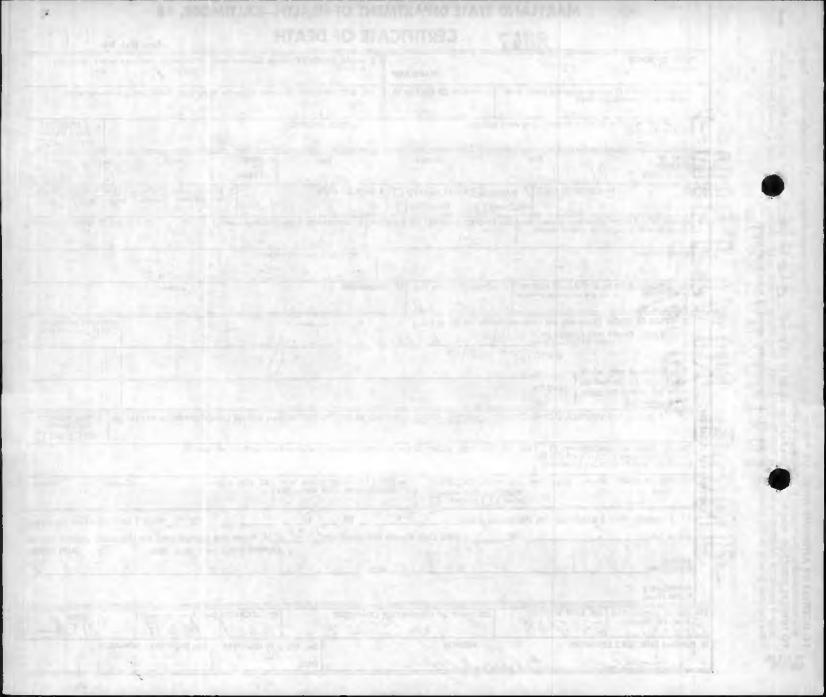
TO FUNERAL DIRECTOR: After this of cate has lieven signed by the ottending physician and complete the law the funeral director, page 3 should be detached for use or the burial-transit permit. Then please remave carbon papers. VS A15 (4) 15M 9/55

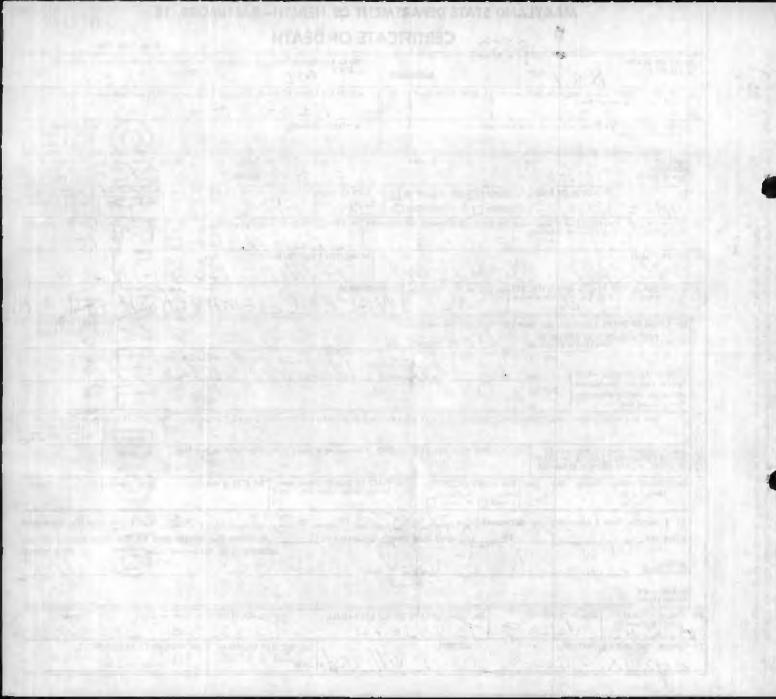
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OR INSTITUTION (awul .
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3. NAME OF DECEASED (Type or print) Wilher Canhan Doy DEATH 7 26	Year 19 5
5. SEX Wate 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years light baddoy) WIDOWED DIVORCED 7. MONTHS Days How	-
10a OSUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11! SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WAR INDUSTRY 11! SIRTHPLACE (Stole or foreign country)	AT COUNTR
13. FATHER'S MAIDEN NAME James E. Cannan Annie E. Higgins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 90, or unincown) (If yes, give wor or dates of service) 219-03-2448	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL ONSET A	BETWEEN ND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO	
TES YES	FORMED?
20a. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work.	(Stote)
21. I certify that I attended the deceased fram. 1958 to 1958 that I last saw the alive an 1958, end that death accurred at 1254 M, fram the causes and an the date straining signature. ACTUAL SIGNATURE	
PHYSICIAN'S NAME (Type)	/
DORING 28 7/58 Vesley CHAPEL ROCK HALL DI	lote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUREA DATE DATE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUREA COLUMN 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8053 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed o. COUNTY o. STATE Maryland Kent b. COUNTY MARYLAND the funeral shauld be fi death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give neasest-town) Rock Hall d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 00 25 and and 3. NAME OF Middle 4. DATE Month P July DECEASED OF DEATH Everett Marv (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Fem. Months WIDOWED | DIVORCED | 55 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Maryland Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kulley Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYes, no, or unknown) (If yes, give war or dates of service) John L. Everett--Rock Hall, Maryland 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] a. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 175.0 DUE TO by by permit. any Conditions, if ony, which (b) been signed gave rise to immediate **DUE TO** couse (a), stating the underpuo lying couse lost. cate has been si ne burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION () Buipu 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) PHYSICIAN: 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) o. m. While Not while 55.0 ot work at wark _____, 19_1 ,that I last saw the deceased 21. I certify that I attended the deceased from detached I may be retained by the h O FUNERAL DIRECTOR: A page 3 shauld be detach , and that death accurred at _M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL priar TO HOSFITAL PHYSICIAN'S Norbert Nitsch C. Rock Hall. Marvland NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Wasley Chanal

e. IS RESIDENCE

Day

Days

ON A FARM?

YES NO

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO D

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24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county).

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220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

	THICKITE OF BURTH.	Art. TAND	
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	Keg. Dis	1, NO.
1. PLACE OF DEATH o. COUNTY Kent Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY Kent	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
Chestertown 4 Days	X rural Worton	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kent & Queen Anne's Hosp	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle OF OECEASED (Type or print) Hallie Maxwell	Fogwell 4. DATE Month OF DEATH July 10	Day Year 5 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	March 24. 1890 68 yrs. Months	Days Hours Min.
ICO. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITI.	ZEN OF WHAT COUNTRY?
Housewife Home	Maryland	J. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Andrew J. Toulson	Hannah Sapp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) 10 yes, give wor or darks of service)	. INFORMANT Address	
	rs. Allan Blizzard Worton	Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
FART I. DEATH WAS CAUSED BY: Uremia		ONSET AND DEATH
442 A DUE TO Cardiovascularr	annal digaaga	l. manne
Conditions, if any, which gave rise to immediate (b)	CHAI UISCASE	4 years
cause (a), stating the under-		
lying couse last.) (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. n. 19 While Not while at work at wark	PLACE OF INJURY (Home, form, 20f. (City or town) (Co factory, street, affice bldg., etc.)	ounty) (State)
21. I certify that I oftended the deceased from 7-12	19.58 to 7—16	ast saw the deceased
olive on 7-16. , 19.58 , and that deal	10:10-	a data stated above
	was famed famed to town' store	DATE SIGNED
SIGNATURE activities	MD. Chestertown, Md.	7-17-58
PHYSICIAN'S A. C. Dick	Chestertown, Md.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY		(State)
Burial 7/19/58 Chester (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Id .
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. BEGISTRAB'S SIG	
Victor n. Kennedy Still Por	nd, Md. DATE JUL 1 8 '58 POR	- /

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or alreading physician.

TO FUNERAL DIRECTOR: After this case has been signed by the attending physician and campleted the din by the funeral director, page 3 shauld be detached far use of the burial-transit permit. Then please remave carban papers. It is not 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

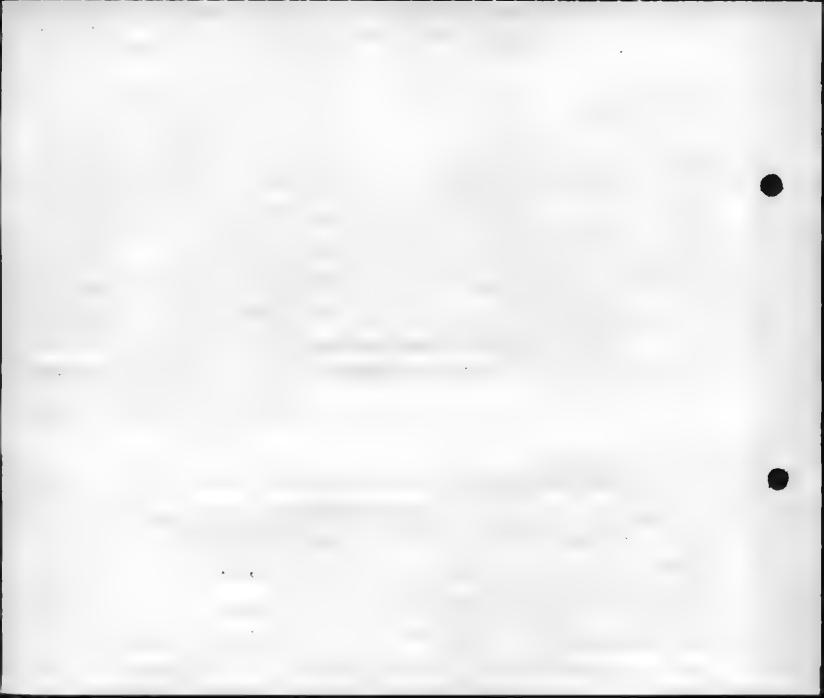
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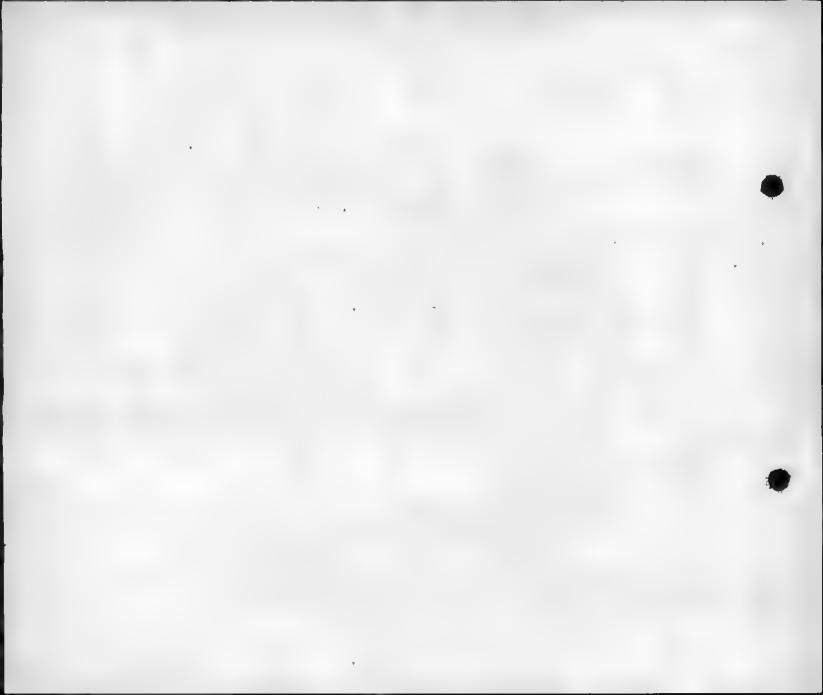
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Corover Caller but CERTIFICATE OF DE 08049 Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest lown) pinous REGU d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) DEATH 190 within 5. SEX 6. COLOR OR RACE AGE (In years lost buthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED [DIVORCED | compl 100, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY, during most of working life, even if refired) RISTR ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician haurs remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17_ INFORMANT Address ottending | ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN 20 min 귭 PART I. DEATH WAS CAUSED BY: Then Acute Coronary exclusion IMMEDIATE CAUSE (o)_ DUE TO þ Ceronary seleresis permit. ערס unknewn Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoling the underpup lying couse lost. been si **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO M 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) DICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a ri. factory, street, office bldg., etc.) ō 560 Not while at work of work 19 58 that I last saw the deceased 6 July 21. I certify that I attended the deceased fram. ached 6:30 Herm the causes and an the date stated above. alive on_ , and that death occurred at_ ADDRESS (Street, city or town, state) del DATE SIGNED DIRECT Cecilten Md prior SIGNATURE should FUNERAL I HOSPITAL PHYSICIAN'S BENSHA NAME (Type) 224 NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 226. DATE THEREOF 22 LOCATION (City, town, or county) poge (Stote) REMOVALE (Specify) moy 0 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 NIGIETRAR'S SIGNATURE 240. REC'D AY NEGISTRAN VS A15 (4) 15M 9/55

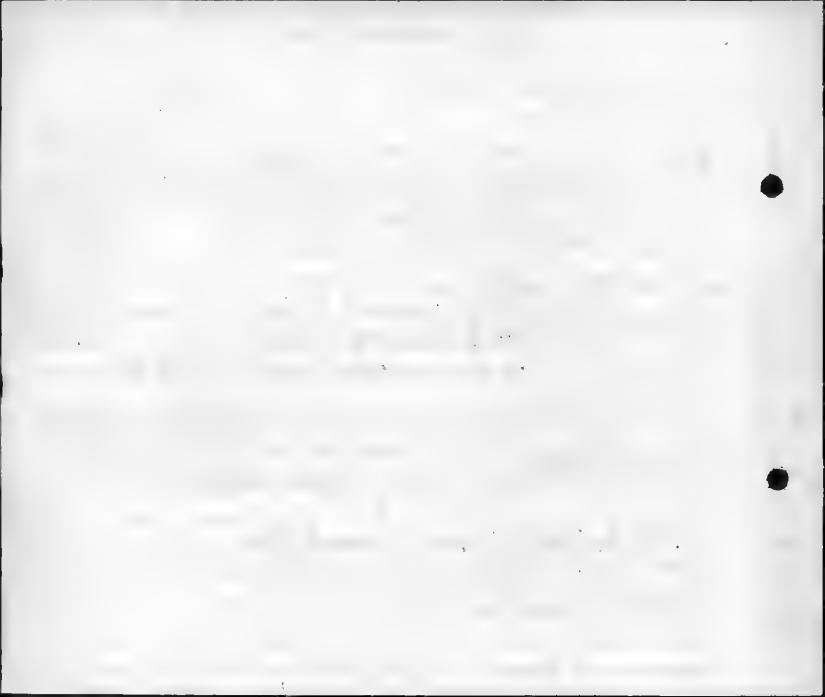
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2055 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If Institution: Residence before admission) 6. COUNTY I'v mt b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Runnemede d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF 4. DATE Month Year DECEASED Chare yes דבו הדעמים . ד DEATH (Type or print) 19 E'R July 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 178 Months retained WIDOWED FT DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) er 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Harry Harms 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Harms--Runnemede. New INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line, for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY 100 PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while 0.00 at work at work p. m. 21. 1 certify that I tack charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [], and find that farwarded to the Chief StuneRAL DIRECTOR: death resulted fram: Natural causes XI. Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S cute the DEPUTY MEDICAL EXAMINER DE NAME (Type) 224 NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) 0 Inquetwood 11 11277 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24-REGISTRAR'S SIGNATURE VS. A15ME(5) DATE JUL 3 0 '58 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08051 8056 **CERTIFICATE OF DEATH** Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL god give negrest town) p INGd. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 00 ON A FARM? YES INO I 3. NAME OF First Middle 4. DATE Month Year Doy OF DEATH DECEASED (Type or print) FRC 19 🗳 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bushdoyl Months Days Hours Min. WIDOWED [7] DIVORCED [7 100. USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY! Dduring most of working life, even if retired) 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., INFORMANT Address affending IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Sudden DUE TO Conditions, if any, which) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? mone NO P 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part 11 of item 18.) 40 licyury 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) factory, street, office bldg., etc. O. ft. While at work 2 منبعه نهاراه 21... certify that I attended the deceased from Land that death of Correduct AM from the causes and on the date stated above. * 076 W LA-ADDRESS (Street, city or lown, state) **DATE SIGNED** ACTUAL SIGNATURE shauld PHYSICIAN'S AMILTON IN CTOR NAME (Type) FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode REMOVAL (Specify) 0 SUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S/SIGNATURE 15M 9/55



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death. Page

within 24 haurs

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Regidence before admission) a. COUNTY 6. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Short d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NOW NAME OF Middle 4. DATE Manth Year Day DECEASED OF (Type or print) DEATH 19 IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years' last birthday) Manths Days WIDOWED D DIVORCED [7] YES 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE Stall ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) Hour O. Jt. While factory, street, office bldg., etc.1 Not while of work of wark p. m. 19. 58. that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 8250 A.M. from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Harry Paul Ross High St. Chestertown. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) Hall, 25 Wesley Chapel Cem. Rock Maryland **ADDRESS** Md. 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Chestertown, 25

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FUNERAL DIRECT

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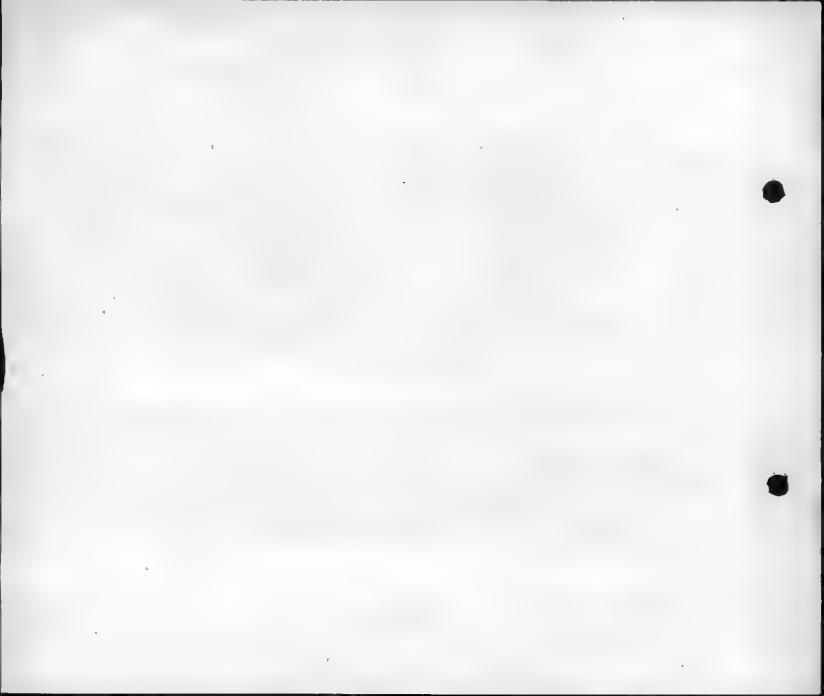
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STAT	TE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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RURAL and give n	If outside corporate limits, earest town R		TH OF STAY IN 1	3	7 Ches	oulside corpo		URAL and give	a nearest low	n)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give ong Nursin	g Home		1	d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Rudulph	F. Tu	Middle		Last	4. DATE OF DEATH	Mor Jul		Day	Year 19 58
5. SEX	6. COLOR OR RACE 7	MARRIED NON	EVER MARRIED [_	pt. 20,1	881	9. AGE (In years lost birthday) 76 yrs.	IF UNDER 1 Y	YEAR IF UND	Min,
uring most of work	ON (Give kind of work donking life, even if retired) PANCE		BUSINESS OR IN Writer		Elkton,	Mary	*-		S.A.	COUNTRY
13. FATHER'S NAME	ncis Tull			14	MOTHER'S MAIDEN					
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE			Mrs.		Coale	Add	heste	nt our	76.2
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	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	W INJURY OCCUI	RRED. (En	ter noture of injury in	Port I or Port	t II of item 18.)			
20c, TIME OF INJUR Hour o. ji. p. m.	RY Month, Day, Year 19	20d. INJURY OC While Not of work of w	while	PLACE C foctory,	OF INJURY (Home, farm street, office bldg., etc	n, 20f. (City	or town)	(Cou	inty)	(Stote)
	nat I attended the d	-			urred at 2. 1. Chest	M, from		and an the	date stat	
220. BURIAL, CREMATIC REMOVAL (Specify)			ME OF CEMETERY				CO. M		(Sto	te)
23. FUNERAL DIRECTOR Marvin	Y. William	ADD	stertow		24n PEC	D BY REGIST	DAD PAR DECI	STRAR'S SIGN		

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